

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. 241331US20
		First Inventor or Application Identifier Patricia B HOYER
		Title ANIMAL MODEL FOR PERIMENOPAUSE AND MENOPAUSE AND METHODS OF INDUCING OVARIAN FAILURE

<b>APPLICATION ELEMENTS</b> <small>See MPEP chapter 600 concerning utility patent application contents</small>		Commissioner for Patents ADDRESS TO: Mail Stop Patent Application Alexandria, Virginia 22313
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) (Submit an original and a duplicate for fee processing)		<b>ACCOMPANYING APPLICATION PARTS</b>
2. <input checked="" type="checkbox"/> Specification	Total Sheets 50	7. <input checked="" type="checkbox"/> Assignment (filed August 7, 2003 in prior Application Serial No.: 60/406,671, filed August 29, 2002)
3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113)	Total Sheets 8	8. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76
4. <input type="checkbox"/> Oath or Declaration	Total Pages	9. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee)
a. <input type="checkbox"/> Newly executed (original or copy)		10. <input type="checkbox"/> English Translation Document (if applicable)
b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. §1.63(d)) (for continuation/divisional with box 17 completed)		11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
i. <input type="checkbox"/> DELETION OF INVENTOR(S)		12. <input type="checkbox"/> Preliminary Amendment
Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §1.63(d)(2) and 1.33(b).		13. <input checked="" type="checkbox"/> White Advance Serial No. Postcard
5. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)		14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)
6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)		15. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27
a. <input type="checkbox"/> Computer Readable Form (CRF)		16. <input checked="" type="checkbox"/> Other: Request for Priority
b. Specification or Sequence Listing on :		
i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or		
ii. <input type="checkbox"/> Paper		
c. <input type="checkbox"/> Statements verifying identity of above copies		

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below:

Continuation     Divisional     Continuation-in-part (CIP)    of prior application no.:

Prior application information: Examiner: Group Art Unit:

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

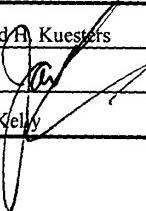
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08/29/03

cket No. 241331US20

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTOR(S) Patricia B HOYER, et al.

TYPE OF APPLICATION: New Application

FILING DATE: Herewith

FOR: ANIMAL MODEL FOR PERIMENOPAUSE AND MENOPAUSE AND METHODS OF INDUCING OVARIAN FAILURE

## FEE TRANSMITTAL

COMMISSIONER FOR PATENTS  
ALEXANDRIA, VIRGINIA 22313

FOR	NUMBER FILED	NUMBER EXTRA	RATE	CALCULATIONS
TOTAL CLAIMS	60 - 20 =	40	x \$18 =	\$720.00
INDEPENDENT CLAIMS	8 - 3 =	5	x \$84 =	\$420.00
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS (If applicable)			+ \$280 =	\$0.00
<input checked="" type="checkbox"/> LATE FILING OF DECLARATION			+ \$130 =	\$130.00
			BASIC FEE	\$750.00
			TOTAL OF ABOVE CALCULATIONS	\$2,020.00
<input type="checkbox"/> REDUCTION BY 50% FOR FILING BY SMALL ENTITY				\$0.00
<input type="checkbox"/> FILING IN NON-ENGLISH LANGUAGE			+ \$130 =	\$0.00
<input type="checkbox"/> RECORDATION OF ASSIGNMENT			+ \$40 =	\$0.00
			TOTAL	\$2,020.00

- Please charge Deposit Account No. 15-0030 in the amount of **\$0.00** A duplicate copy of this sheet is enclosed.
- A check in the amount of **\$2,020.00** to cover the filing fee is enclosed.
- Credit card payment form is attached to cover the filing fee in the amount of
- The Director is hereby authorized to charge any additional fees which may be required for the papers being filed herewith and for which no check or credit card payment form is enclosed herewith, or credit any overpayment to Deposit Account No. 15-0030. A duplicate copy of this sheet is enclosed.

Respectfully Submitted,

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